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## \*BIBDATASHEET\*

CONFIRMATION NO. 2548

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/720,040	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 347	<b>GROUP ART UNIT</b> 2861	<b>ATTORNEY DOCKET NO.</b> 81174-300297	
<b>APPLICANTS</b> Christopher M. Tainer, Strongsville, OH; Joseph A. Miller, Rittman, OH; Gary W. Keefe, Brecksville, OH; Peter O. Botten, Lakewood, OH; William F. Stevens, Berea, OH; James C. Bias, North Royalton, OH; Jeremy F. Audino, Cleveland Heights, OH;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/428,777 11/22/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/20/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 27496					
<b>TITLE</b> ACHIEVING LASER-QUALITY MEDICAL HARDCOPY OUTPUT FROM THERMAL PRINT DEVICES					
<b>FILING FEE RECEIVED</b> 2144	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		